

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10743983

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 15            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 15 minus 20 = | 0                        |
| INDEPENDENT CLAIMS               | 0 minus 3 =   | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OF SMALL ENTITY

| RATE      | FEES   | RATE      | FEES   |
|-----------|--------|-----------|--------|
| BASIC FEE | 385.00 | BASIC FEE | 770.00 |
| XS 9=     |        | XS18=     |        |
| X43=      |        | X86=      |        |
| +145=     |        | -290=     |        |
| TOTAL     |        | TOTAL     | 770    |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| 2/11/05  | 19                               | Minus | 80                                 | =             |
| Total  | 19                               | Minus | 80                                 | =             |
| Independent                                    | 4                                | Minus | 3                                  | = 1           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| 25               |                | 50               |                |
| XS 9=            |                | XS18=            |                |
| X43=             |                | X86=             | 200            |
| 180              |                | 390              |                |
| +145=            |                | +290=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE | 200 pd.        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total  | Minus                            | Minus | 0                                  | =             |
| Independent                                    | Minus                            | Minus | 0                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| XS 9=            |                | XS18=            |                |
| X43=             |                | X86=             |                |
| +145=            |                | +290=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
| Total  | Minus                            | Minus | 0                                  | =             |
| Independent                                    | Minus                            | Minus | 0                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       | <input type="checkbox"/>           |               |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| XS 9=            |                | XS18=            |                |
| X43=             |                | X86=             |                |
| +145=            |                | +290=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2 write "0" in column 3
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate do. in column 1

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